



EmployeeUPDATE

Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.

A monthly publication for employees of the North Carolina Department of Health and Human Services

Volunteers play key role in test of medical response

More than 275 medical students and faculty from Duke University assisted the N.C. Office of Emergency Medical Services (OEMS) June 14 in a demonstration and evaluation of the state's ability to conduct a large-scale evacuation of special medical needs patients from a disaster or danger zone.

The Medical Evacuation Triage and Transportation Assessment (METTA) got under way June 11 with preliminary testing inside an Onslow County nursing home. The evaluation shifted to Surry County, where a fully operational medical evacuation center for patients with special medical needs was set up in Dobson on the campus of Surry County Community College.

"This was a great opportunity for us to see what we're doing right, and to figure out what we need to do better," said Drexal Pratt, chief of OEMS. "You just can't anticipate everything that may come up in a table-top drill. This gives everybody realistic,



hands-on experience and presents us all with situations that will likely be encountered in the event of a real evacuation of people with special medical needs."

The setup included three of the state's new 50-bed mobile hospitals, from UNC Health Care System in Chapel Hill, Duke University Hospital in Durham

Continued on page 2

INSIDE TOP FEATURES

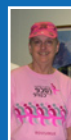
Eugenics exhibit opens, Page 3

OES schools hold spelling bee, Page 5

DHHS divisions help sponsor hearing loss conference, Page 6

Disability Determination receives national award, Page 7

**DSS
races for
the cure**



➡ **Page 8**

**Wellness in
the Workplace
at DDS**



➡ **Pages 9 - 10**

Volunteers and medical response cont. from page 1

and Wake Forest University Baptist Medical Center in Winston-Salem. The mobile hospitals pack into 53-foot trailers and can be operational in a few hours. Also participating were 10 volunteers from the Campbell University pharmacy program.

“This was the second year that we teamed up with Duke University to help facilitate an emergency and disaster preparedness exercise,” Pratt said. “They provided medical, nursing and other students whose skills helped bring realism to our exercise. Campbell University’s students worked in a pharmacy that was set up on the community college campus. They were faced with critically thinking through problem-solving for dispensing medicine in an off-site location.” Pratt said that emergency responders from the state’s western, Triad and Triangle areas participated in the exercise.

The OEMS is working with local, regional and state agencies to assess the nuts-and-bolts functioning of systems that will be used to transport medical patients from danger zones to safe havens. In this scenario, it was a mock severe hurricane threat pushing medical patients to the temporary medical setup. These efforts were under the scrutiny of hundreds of professionals representing more than 20 local, state and federal agencies.

The assessors will convene to evaluate the triage, treatment, tracking and transportation practices that were employed. In the event of a larger- or smaller-

scale disaster, these techniques can be scaled to meet local needs and could involve similar set-ups at multiple community college campuses in the event of a major disaster.

This exercise tested the state’s plan for relocating medically fragile populations. It also provided critical feedback to assure that state and local teams can respond effectively and efficiently in the event that a large-scale medical evacuation is needed. The evaluation of current medical capabilities has showcased critical relationships between private healthcare systems and the state. These capabilities are critical with the increased risk of widespread flooding and wind damage from hurricanes, and the added possibility of man-made disasters. ■

Wellness in the Workplace at DDS . . . see story on pages 9-10



DDS Wellness Room offers variety

During a wellness break at Disability Determination Services, the equipment is tried out by, left to right, Donna Baker, Lisa Presson, Janet Pearce and Janett Wells.

Eugenics exhibit opens

A new exhibit detailing North Carolina's eugenics program is on display at the North Carolina Museum of History through August 3. The interactive display, which includes the voices of program survivors, is sponsored by the Office of Minority Health and Health Disparities.

"We are here tonight to make sure that we and our children – and our children's children – learn the lesson so this dark episode in North Carolina's not-too-distant past is never again contemplated, let alone repeated," DHHS Secretary Carmen Hooker Odom said at the display opening.

North Carolina's eugenics program began in 1929. The law endorsed sterilization of people who had epilepsy, sickness, "feeble-mindedness" and other disabilities. It claimed to better society by preventing selected people from having children. But it was used against a wide variety of people – including girls whose only fault was having premarital sex.



Visitors hear survivors' stories in their own words and voices.



The display includes the history of the program and emphasizes its lifelong effects on real people.

North Carolina's program continued until 1974. According to researcher Dr. Johanna Schoen, in its latter years, as eugenics theory was largely discredited, involuntary sterilization was justified by using economic discrimination. People on public assistance were targeted as a way of limiting those expenditures. Nial Cox Ramirez, who is featured in the exhibit, was told that if she refused sterilization her family's benefits would be halted.

The Eugenics Board of North Carolina ran North Carolina's program. It was technically a part of the Department of Public Welfare (modern-day Division of Social Services). It had five

members – one each representing the Attorney General, Dorothea Dix Hospital, Department of Public Welfare, Department of Public Health and Department of Mental Health. Local social workers would petition the board to sterilize a person, and the board would make the ultimate decision.

More than 7,600 people were sterilized under the program. Some people requested sterilization, but many of them were forced against their will. In some cases, victims were children as young as 14 who had no knowledge or understanding of the procedure. ■



Jalil Isa

iSalud y Saludos!

Should it get your goat?

When I took a trip to New York City a few years ago, some of my cousins who knew how much I loved the theater took me to go see the play, *“The Goat, or Who Is Sylvia?”* featuring Sally Field. The strange play is about a husband who falls in love with a goat, and ends up ruining his family life as a result. I won’t spoil the ending, but it doesn’t end well for the goat, either.

And it isn’t just in theaters that goats are taking center-stage. You may have heard of a recent incident where several restaurant patrons in Rowan County became sick with *E. coli*, and an elderly woman died of the illness. It later came to light that several Hispanic kitchen workers had previously used the restaurant’s kitchen as a convenient location to slaughter a goat. OK, take a breath. Yes, it’s a bit shocking to most.

First, for the sake of being as accurate as possible, it’s important to point out that there is no definitive connection between the goat’s slaughter and the sick people. It just so happens that the investigation into the *E. coli* cases revealed the goat incident.

Either way, it’s still an incident very much worth expounding on. While those who are not regular consumers of goat meat or other goat products may be startled by this recent news, others more familiar with eating practices of certain African and Latino cultures will probably raise an eyebrow at the venue where this all took place, but will likely not come away as surprised.

As a child, I can remember my father going to a farm near where he lives in Central Florida, picking out a goat, and having it butchered right on the spot. A little freaky for me to think about it, even today. But that was by and large normal. When he moved to Costa Rica and I first went to visit him, I remember well having a neighbor grab some chickens from her yard and letting me wring one’s neck so we could have a tasty dinner that evening. (I also did the dirty work of de-feathering the bird, too, in case you’re wondering.) All this is to say that this sort of thing may not be standard practice for individuals living in more urban settings, but it’s pretty normal for people living in rural places. And many of the Hispanics who come to our state are coming from rural places. Look at me. I spent most of my life living in Miami – you can’t get much more urban than that – and even I have had my share of rural experiences. Unfortunately, I think the

prevalent attitude of those who aren’t familiar with these customs is that it’s either wrong or something beneath civilized society.

The truth of the matter is that what is routine and normal to one person may not be so to another. In the case of the kitchen workers who used their workplace as a location to do their butchering, luckily it isn’t a common occurrence. As far as anyone can tell, this was very much an isolated incident. In addition, they probably didn’t realize the strict standards that are in place to avoid contamination of food and the accidental spread of diseases. One must remember that these standards used in the United States are far stricter than what commonly applies in Latin American countries or most other places around the world. Combine that with the fact that it’s not easy to find a place to slaughter a goat without arousing the neighbors in many cases, and you end up with this scenario.

There may also be some misconceptions about why the goats are being killed, to begin with. First off, it’s very common to purchase a whole goat or pig when doing a cook-out Latino-style, and it ends up being much cheaper than if you tried buying the

Continued on page 6

Office of Education Services' schools hold spelling bee

On April 27, students from the N.C. School for the Deaf in Morganton (NCSD), the Governor Morehead School for the Blind in Raleigh (GMS) and the Eastern N.C. School for the Deaf in Wilson (ENCSD) faced off in the First Office of Education Services (OES) Spelling Bee. Students competed at North Carolina A&T State University in Greensboro as the guests of Dr. Sullivan Welborne, Vice Chancellor for Student Affairs.

Students who had won their school level spelling bees competed in four grade level divisions: Kindergarten through Second Grade, Third through Fifth Grade, Sixth through Eighth Grade and Ninth through Twelfth

Grade. Those winners were accompanied by their teachers and classmates so that each student would have his/her own cheering section. In addition, several students' parents and grandparents were in the audience.

After almost two hours of intense competition and supportive audience participation, system-wide winners were named in each grade level division: Martha Evans, NCSD, K-2; Eduardo Cisneros, GMS, 3-5; Ayana Boone, ENCSD, 6-8, and Adriana Alvarado, ENCSD, 9-12. Cyndie Bennett, OES Superintendent, awarded certificates to all the participants and \$30 gift cards to the winners.

"I am so proud of all of you, and I appreciate how hard you have studied for this day. You are wonderful representatives of your schools. It is very difficult to face an audience and speak, and you all have done a great job today," said Superintendent Bennett.

After the spelling bee, students were treated to lunch and participated in tours of the A&T campus. Then they boarded their buses for the ride back to their schools. OES plans for the bee to become an annual event. ■

More about BEACON: Direct deposit will be required for paychecks

Did you know that state government issued over 14 million checks last year, including paychecks? Have you ever thought about how much it costs to produce and distribute all those checks?

In the coming months, many state government agencies—including DHHS—will be moving to a new, integrated human resources and payroll system, BEACON. In addition to replacing aging HR/payroll systems across state government, BEACON is charged with increasing efficiencies and reducing costs. One way to do that is to transfer

wages directly into employee bank or credit union accounts rather than issuing paper paychecks. So all employees in BEACON agencies will be required to enroll in direct deposit.

While most state employees are already on direct deposit, some have yet to move to this more efficient payroll process. BEACON has partnered with the State Employees' Credit Union (SECU) to offer some account options to help state employees prepare for this requirement. If you are a DHHS employee who is not currently enrolled in direct deposit, we encour-

age you to contact your local SECU branch to learn more about the options available to you.

For more about BEACON, see the April and June 2007 issues of the *DHHS Employee Update* or visit the state's BEACON web site at:

www.beacon.nc.gov. ■



Salud y Saludos cont. from page 4

meat at the store (assuming you could even find it easily). In addition, the idea of butchering the animal, as previously mentioned, is something they “all grew up doing.”

Contrary to certain myths, these slaughters are not in any way, shape or form associated with any religious practice for most Latinos. It's simply another practical way to get food on the table. Unfortunately, there have been times when Hispanic individuals have inadvertently drawn negative attention by slaughtering a goat for a birthday party, for example, right in their backyards. While I'm not too familiar with what local laws say about this, it definitely goes against most neighbors' idea of what's acceptable.

As more and more Latinos continue making North Carolina home, they will become more accustomed to what is considered acceptable and unacceptable. Simultaneously, and hopefully equally, those welcoming this new population will also grow more familiar with culinary practices of other cultures, and will be quicker to understand the origins of similar situations. ■



DHHS divisions help sponsor hearing loss conference

*Submitted by
Jeff Mobley, Hard of Hearing
Program Coordinator, DSDHH*

Experts estimate that nearly 32 million Americans have hearing loss – an overwhelming figure when one considers it. Surprisingly, many do not even realize the loss. Hearing loss is most often a gradual occurrence that most individuals unconsciously adapt to by continuously making small adjustments to accommodate the degree of loss at any given time.

Statistics show that approximately one million North Carolinians – one out of eight people in this state – experience some form of hearing loss. As the year 2030 approaches, when the last of the baby boomer generation enters retirement age, it is estimated that individuals with hearing loss will number 78 million nationwide and 2.5 million statewide. That will be one out of five North Carolinians.

There is a critical need for education in and preparation for dealing with hearing loss because its consequences could be devastating, including depression, anxiety, loss of independence and employability. Because readiness is so important to successfully overcoming the ramifications of hearing loss, the Division of Services for the Deaf and the Hard of Hearing and the Division of Vocational Rehabilitation, in association with the Hearing Loss Association of North Carolina, are providing key sponsorship for an upcoming conference on hearing loss. ***The Focus on Hearing—Technologies, Strategies and Partnerships*** conference will take place Friday and Saturday, September 14 and 15. The conference will be held at the William & Ida Friday Conference Center in Chapel Hill.

Several nationally known and respected presenters have been scheduled as plenary speakers. Doctors Sam Trychin, Michael Harvey, Carol Flexer and Terry Portis lead the list of presenters. Planned concurrent sessions likewise boast a host of presenters who are proven experts in their particular areas. State employees who provide services to the general public and occasionally encounter those who are deaf, hard of hearing or deaf-blind would greatly benefit from this conference. **Early bird registration fee expires July 15, so act quickly!**

For information on workshops, times, registration or conference costs, please visit the Hearing Loss Association—NC web site at www.nchearingloss.org and follow the conference links. Or call Jeff Mobley at the N.C. Division of Services for the Deaf and the Hard of Hearing at (919) 874-2239. ■

N.C. Disability Determination receives national award

The North Carolina Disability Determination Office is one of three recipients of the Phoenix Award, given to disability determination units in the United States that progress and achieve through adversity. North Carolina's recognition is for conversion from a paper-based environment to an electronic, or digital, system.

Social Security Associate Commissioner Ruby Burrell announced the award June 11. North Carolina, New Jersey and New Orleans DDS offices received the recognition for fiscal year 2006. The North Carolina DDS Office is part of the N.C. Division of Vocational Rehabilitation Services. The awards will be presented during an annual meeting in Baltimore in July.

"This is a first for us. It is a special and well-deserved recognition for the state and for the agency," said Rhonda Currie, chief administrator of N.C. Disability Determination Services.

"Congratulations to the DDS Office management team and employees," said Linda Harrington, director of the Division of Vocational Rehabilitation Services. "Making the switch to full electronic was a long-term group effort, and the end result shows the power of teamwork."

The North Carolina DDS Office served as the nation's pilot for conversion from a paper system to an electronic system, starting the process in July 2003. The work was completed in February 2006. Paper folders stuffed with records became digital folders,



Left to right: Tony Barnette, Paulette Slayton, Brenda Nance, Donnie Hayes, Karen Boone, Rhonda Currie, Clothilda Brown, Linda Porter and Anne Page.

more easily accessed, serviced and checked to improve efficiency. Currie calls the changeover date "independence (from paper) day." The agency processed more than 134,000 claims in FY 2006 with a better than 96 percent accuracy rate.

"We were selected because of our staff's commitment to customer service and the organization of our business process," Currie said. "Throughout the rollout we were able to continue delivering efficient and quality customer service to the citizens of North Carolina.

"We took the electronic environment to all sections – scheduling medical exams, receipt of incoming medical information – and we switched our training materials to digital. We wanted our staff to think electronic, rather than paper. This is so much more convenient, particularly for sharing files when people move

from other states, or doing quality control to check on a claim for status."

Currie credited the efforts of all employees in the DDS office and their leadership team, including Paulette Slayton, deputy administrator; Tony Barnette, IT manager; Donnie Hayes, supervisor, Disability Hearings Unit; Linda Porter, Brenda Nance, Karen Boone and Anne Page, assistant chiefs of operations; Clothilda Brown, administrative services chief; Tracy Gray, supervisor of the Professional Relations Office; and Kathy Sledge, human resources manager.

The Phoenix Award celebrates the DDS offices that have made a spectacular comeback or that persevered against obstacles and continued to provide outstanding customer service. The offices selected for this award were able to make significant changes to improve service to the public, sought

Continued on page 12

DSS races for the cure... and for one of their own

A team from the Division of Social Services took part in the Triangle's Susan G. Komen Race for the Cure event on June 9. Among them was Joan McAllister, a breast cancer survivor who shares her story below.

I am one of many women and men employed by the Division of Social Services who has been diagnosed with breast cancer. I have chosen to be wide-open about the illness and my experience with it, and would be glad to talk with anyone who likes.

I discovered the tumor last October while taking a shower. Since I shower daily, I don't know how I missed it the day before. I also get yearly mammograms, and had had a chest CT about four months earlier, and did monthly breast exams. You'd have thought that I would have caught a tumor the size of a Concord grape.

The diagnosis followed a couple of weeks later. The lymph node biopsy indicated no metastasis, which was of major concern given the size of the tumor. After the biopsy, I had a port installed to get the chemo, followed by 12 weekly chemo treatments with Taxol and four biweekly treatments with Adriamycin/Cyclophosphamide (A/C), a total of 20 weeks of chemo.

This regimen worked very well, and my tumor shrank from 4½ - 5 centimeters to less than a half a centimeter. Surgery detected no cancer cells left, as I had had a total response to the chemotherapy treatment. Since the tumor was "triple nonresponsive" to hormones, the usual postcancer therapy drugs won't work for me. I have continued an aggressive course of radiation treatment for seven weeks, finishing on June 15. I did have problems with fatigue during the chemotherapy stage, and with recent skin reactions to the radiation, but have fared pretty well overall. And my bald head now has a light covering of a half-inch of hair.

I have continued to work, since I need to stay busy. DSS has been very understanding of my need to take time off, work short days and go to the doctors. They've even been supportive of my need to dispense with the wigs and scarves and work bald. The state insurance has covered me well, and I have received hundreds of thousands of dollars worth of treatment from UNC and Rex at a cost to me of under \$2,000. I am very glad to be an employee of the state of North Carolina. ■



Joan McAllister

DHHS WELLNESS INITIATIVE

Wellness is Part of the Workplace at DDS

Suzanna Young,
DHHS Wellness Initiative Director

Employees in Disability Determination Services have seen major changes at their workplace since the Department Wellness Initiative started in 2005. More than 500 employees at the Terminal Drive building now have opportunities and support at work to live active healthy lifestyles.

Employees are able to exercise year-round in their new Wellness Center with exercise equipment provided by the Wellness Initiative. The area is available for all employees to use before and after work or during their lunch and break times. The fitness room includes a health information resource center and lending library. Employees now also have a place to really relax during their break in an adjacent room furnished with comfortable chairs. The attractive Wellness Center was part of the DDS renovation project in recognition of the importance of helping employees avoid the physical and mental damages of unrelieved stress during the work day.

One employee began making healthy changes by walking 15 minutes per day on the treadmill and has since taken advantage of other workplace wellness activities. She has lost 41 pounds and notes that these changes have increased her energy and improved her mood and health. She also no longer needs medication to control her diabetes.

Disability Determination employees can also take advantage of scheduled lunch-time activities to get fit and reduce stress. Pilates classes are offered twice a week and have been very popular. One



...And, up, two three

Employees at Disability Determination Services make use of wellness room. Misty Holebrooks, foreground left, shares some time with, left to right, Monica Thomason, Larry Cook, Diane Anderson, Pam Akpuda and Sontia Cotton.

participant said that, as a mother of young children with a husband deployed in the military, this was the only time she could participate in a class; and if it were not offered at work, she would not be able to exercise.

A body sculpting class has been offered this past year, and 65 employees participated in a 12-Week Walking Challenge this spring. Individuals were challenged to walk 10,000 steps per day for a 12-week period and were given pedometers to track their steps. Recognition awards will be given to the individuals in three categories - those taking the most steps, the most improved individual and the individual who recruited the most participants.

This year, a beginner's running program was started that used a walk/run method and an injury-free focus with the goal of completing a 5K race. Twelve employee team members participated in the Run for the Roses in April and

DHHS Wellness Initiative cont. from page 9

came in first for the team with the greatest number of participants. One participant said that it was nice to have leaders available for guidance and motivation as well as having an opportunity to meet new people and have a common goal. Participants asked for an ongoing running program, so the DDS Running Group was organized. This group plans to meet weekly at locations that rotate monthly for variable distances.

Support for healthy eating is also a part of working at Disability Determination and is encouraged by improved choices of available snacks. At the request of employees, weight management activities have been offered in several sessions during the lunch break. Since April 2006, participants have lost a total of more than 500 pounds.

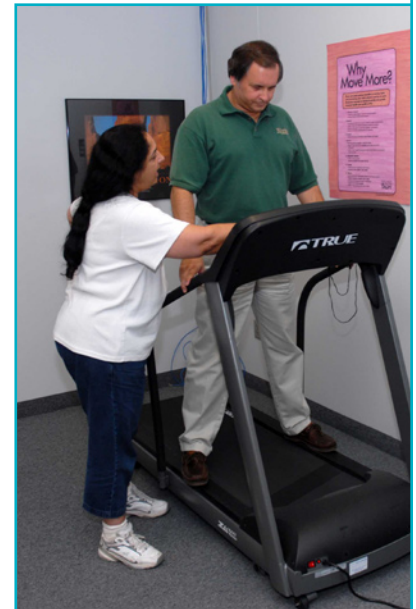
Employees wanting to quit tobacco have support at work through a periodic Quit Now Support Group developed by a medical consultant on staff. A smoke-free entrance to the building has changed the work environment to help protect employees from the harmful effects of second-hand smoke.

Managing stress and reducing its harmful effects are also addressed by the DDS program. Lunch and Laugh programs show light-hearted sitcoms, and a stress reduction workshop was provided by an agency psychologist.

Are you wondering how all these changes happened in one division in less than two years? The changes in the workplace were the result of a winning combination of an energetic and focused wellness committee led by Nathan Weeks and Margaret Cooper and a committed and supportive program administrator, Rhonda Currie. Currie not only participated in the planning and policy changes, she also set an example for

Walkin' it off at DDS

Nancy Herrera gives some instruction on the treadmill's operation to Jeff Price.



employees by participating in many wellness activities such as the Pilates class and the walking challenge. She has been helpful in both large projects, such as the fitness and break

rooms, and supportive of smaller concerns such as helping negotiate with building management to have an unsanitary ice machine replaced. Following her example, other top management team members have also shown their support by providing feedback on wellness projects, participating in the planned activities and using fitness equipment in the Wellness Center.

The Wellness Program at Disability Determination is an outstanding example of how important changes to improve workplace support for healthy lifestyles can be accomplished through the commitment and leadership of an active wellness committee and the support of management. For more information about the Wellness Program at Disability Determination, contact Nathan.Weeks@ssa.gov. For information and assistance about doing similar programs at your agency, contact DHHS Wellness Director Suzanna Young at DHHS.Wellness@ncmail.net. ■

INTRODUCING THE BUSINESS OF

This is the fourth in a series of articles that introduce the DHHS Business Plan and elaborate on the different Business Drivers identified in the Plan.

Business Driver #3

“N.C. DHHS business needs will drive operational decisions and resource allocation by maximizing the use of human, technological and financial resources to enable business activities through coordinated planning processes.”

In today's tough economy, companies are working harder than ever to grow their businesses and control expenses. The need to acquire, manage, train and develop employees is drastically increasing. From finding new employees to expanding existing work relationships, it is important to maximize revenue and reduce costs.

The success of any enterprise depends on solutions that address specific objectives and provide distinct advantages. The best way to succeed is to create an overall awareness of specific needs – both programmatic and operational – and create a plan to implement them based on employee ideas.

One of the top needs addressed in the DHHS Business Plan was establishing an information technology (IT) governance board staffed by business leaders throughout the department. The primary focus of this board is to ensure that the intended business benefits or outcomes of IT investments are achieved and to ensure that IT is included in the planning process.

Another crucial issue for DHHS is its response to workforce needs and planning for replacing employees as they retire or leave. In order to attract the best people, the department must provide competitive benefits packages, salaries and job security. Managers must continue to advocate for progressive changes that will help them recruit, retain and reward good performers.

Statutory and political change is difficult to achieve any time, but especially when it comes to personnel issues. Despite this, DHHS Human Resources is making progress in many areas, including the transition early next year to a merged Payroll/Human Resource Information System called BEACON. BEACON will provide better access to information that is critical for management and to all employees when making decisions about work, resource availability and staffing needs.

If business needs are going to drive the business of DHHS, then it is imperative to have an awareness of what the business needs are for each office, division or department. Business needs evolve, sometimes on a daily basis and sometimes over a decade.

Continued on page 12

Introducing the Business of DHHS cont. from page 11

Assessing business needs involves asking key leaders or managers about their goals and objectives for the year and how training could be helpful in reaching them. Assessment also involves getting feedback from employees by asking questions such as how can supervisors improve, what skills are vital to output and who has them, what areas of the business can be improved, etc.

To assess your training needs, consider:

- What are your specific goals for the next month, quarter or year?
- What potential business areas could benefit from training?
- What specific needs must be addressed with an investment in training?
- How much time, equipment and money are needed and available for training?
- What do you expect will be the level of staff involvement in training?

Having a clear overall awareness of where your business is going is vital to effectively execute business needs. This is the only way that managers can use their business needs to guide operational decisions and resource allocation. ■

Next Month: DHHS Communications

See the complete DHHS Business plan at www.ncdhhs.gov/opp/businessplan/index.htm.

Disability Determination receives national award cont. from page 7

innovative yet practical means to convert old processes to new and productive ones, and/or had managers that revitalized processes and/or staff to reduce barriers in order to succeed.

North Carolina's operation is recognized for "outstanding performance and productivity during implementation of the electronic disability process," an agency announcement states. "The office successfully rebounded in productivity as well as processing time since IDA certification. ... NCDDS has created an

environment that fosters use of the electronic processes in all areas of their business process which has allowed the DDS to maximize and share resources. The result has been improved efficiencies in service delivery, stewardship and state of the art tools for staff in performing job duties." ■

Customer Service: SurveyMax wants to know

At DHHS, customer satisfaction is always at the forefront. The department will soon have a new tool to gauge customer satisfaction. SurveyMax is an exciting application modeled after popular survey engines, like SurveyMonkey, with a focus on reaching all of our customers – especially those with disabilities. SurveyMax will replace the need for subscriptions to outside survey engines, as well as assist DHHS agencies with the publication of Customer Satisfaction Surveys.

Not only will we be able to produce surveys that have a universal N.C. DHHS-branded look, but we will be able to publish surveys to meet the needs of individuals from all walks of life. SurveyMax will give us the ability to publish surveys in different ways – web, standard/large print and plain text, which is suitable for a Braille printer.

With the ability to create our own questions and answers, we can gear our surveys to the comprehension level of our audience. A page of optional demographic questions will be appended to the end of each survey.

Mark Prakke, Customer Service Task Force committee chair, said SurveyMax is the right tool for DHHS. “It was important to us not only to develop an application that published surveys meeting the standards set by the Americans with Disabilities Act, but that the application met those standards as well, better serving the needs of N.C. DHHS employees,” he said. “The initial launch will not only give us the capability to produce surveys in English, but will give us the ability to produce surveys in Spanish as well.”

DIRM Project Manager Danielle Brady said the SurveyMax launch is set for August. “We are in the process of testing the application and are looking forward to conducting training in the middle of July,” she explained.

Each division will have employees who receive SurveyMax training to assist their co-workers with the use of the application and the creation of surveys. ■

Adoption Profile

Introducing Damien

Damien is an adorable little boy with a great sense of humor. He is a very friendly child and always eager to please. Damien's foster mom says, "I love his smile and his beautiful eyes." He enjoys playing outside, soccer, swimming, boating and attending church and Sunday school. Damien wants to be a magician when he grows up.

Damien attends a specialized classroom where he is better able to maintain acceptable conduct. His teacher says that his academic abilities have really blossomed and that he is breezing through his work these days. Through concentrated therapy, Damien is working on understanding personal boundaries, thinking before he acts and acceptable social behaviors.



Damien
b. June 27, 1999

A Family for Damien

Damien will need to continue his intense therapy and medications. He will benefit from a strong, yet nurturing male role model. Damien needs consistency, structure, stability and clearly set guidelines and consequences. An adoptive family for Damien must understand the behaviors that stem from his past experiences and be willing to work with therapists and with him to override those challenges. Giving him several appropriate choices to choose from satisfies his need to be in control.

For more information on this child or adoption and foster care, in general, call NC Kids Adoption and Foster Care Network toll free at 1-877-NCKIDS-1 (1-877-625-4371). ■